Slim, Rommel, and Preventive Medicine

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Commanders, not medical officers, are ultimately responsible for the health of their commands. Preventing disease and non-battle injury is a key measure leaders can take to achieve their tactical and operational goals.

The actions of two World War II generals will illustrate the commander's influence on disease prevention: German Field Marshal Erwin Rommel in North Africa, 1941-1943, and British Lieutenant General William Slim in the China-Burma-India theater, 1943-1945. In general, Rommel was negligent, while Slim was diligent. Their respective actions significantly affected the outcome of their campaigns and provide lessons for today's professional line officers and medical department officers alike.

Rommel in North Africa

In the Spring of 1941, after the Italian defeat in Libya by the British, Rommel and the Africa Corps arrived in North Africa to secure Germany's southern flank. Over the next two years, Allied and Axis forces fought back and forth across North Africa. The ultimate German defeat in North Africa rested largely on tactics, logistics, and personnel.

In the harsh desert environment, the main medical threats were dehydration, dysentery, hepatitis, and malaria. Despite his tactical and operational prowess, Rommel seemed to devote little attention to health matters. He seemed to have little interest in measures to sustain the health of his force, and the German Army as a whole seemed to have a poor knowledge of preventive medicine.

His book *The Rommel Papers* contains fewer than 10 references to health problems, all of them superficial. It is difficult to defend Rommel by arguing that his intent was to treat only tactics and strategy in the book, since he often discussed supply problems in detail.

The manner in which Rommel and others wrote about disease prevention suggests either a lack of understanding or a sense of resignation. In fact, some of Rommel's comments appear trite or even naive. For example, concerning mosquitoes, he writes of "shooting a lot of them down," and in one comment blames sickness on "bad rations." Nowhere does he address his force's health problems methodically, analytically, or in a manner that suggests possible solutions. Some German officers writing of that period admit that there were serious field sanitation and hygiene problems, while others deny them. Most, however, took a fatalistic view of maintaining health in the desert environment. Major General Alfred Toppe wrote, "There are flies wherever there are people. At first, the troops had no effective means to combat them. . . . There was no way of preventing infectious diseases, such as dysentery and contagious jaundice, from spreading."

Instead of trying to maintain health by preventing disease, the Germans employed medical screening exams to cull out the unfit in Germany before deployment and relied upon one-year tours to exploit the grace period before the men became diseased or physically spent.

There is objective evidence that the Germans paid little attention to field sanitation and hygiene. British soldiers who observed German camps, treated German prisoners of war, and interrogated German soldiers and doctors reported a general disregard for field sanitation among German troops and, not surprisingly, diarrhea rates of 40 to 50 percent in some front-line units. Cleaning captured areas was an unpleasant task because of the filth encountered. One British hygiene officer wrote:

That portion of the battlefield previously occupied by the enemy is just one huge fly farm, and has to be seen to be believed. Whilst both Germans and Italians order the use of shallow trench latrines (and no oil seal), this order is scarcely ever carried out. (H.S. Gear, "Hygiene Aspects of the El Alamein Victory, 1942," *British Medical Journal*, March 1944.)

Prisoners of war were often louse-infested, and all of them had to be treated. During 1942, German attrition rates in North Africa from disease averaged 130 per 1,000 men per month, while British rates averaged 50 per 1,000.

Slim in the *CBI* Theater

From January to May 1942, the Japanese 15th Army invaded Burma, defeating the combined British, Burmese, Indian, and Chinese forces.

The British Army retreated north through Mandalay and west into India. In late 1943 Slim organized the British 14th Army, made up primarily of English and Indian forces and, during 1944, retook northwest Burma. From January to May 1945, they pushed south to regain Burma and occupied Rangoon on 2 May 45. Japanese resistance was effectively terminated.

In the absence of a public health infrastructure, many diseases thrive among armies in tropical environments, and the China-Burma-India theater was particularly harsh. The main medical threats were malaria, dysentery and diarrhea, skin diseases, and scrub typhus. Dysentery and diarrhea were so common that one in ten British troops fell victim to it during 1942, when conditions were at their worst. By his own efforts, mostly geared toward prevention, Slim greatly improved the health of his command.

In *Defeat Into Victory*, he frequently discusses disease and health service support issues. Shortly after taking command, he formally assessed the health of his force and therefore knew the causes of his soldiers' excessive rates of disease and non-battle injuries. This assessment led him to conclude that there was not "much use trying to increase our hospital accommodation; prevention was better than cure. We had to stop men going sick, or, if they went sick, from staying sick." By continually monitoring such key health indicators as hospital admission rates, he kept abreast of the health of the army, using graphs in his office.

Slim took several actions to prevent disease in the 14th Army. First, he assembled teams of scientists and physicians to conduct field research and apply this knowledge to prevention and treatment. He aggressively tackled medical discipline (field hygiene and sanitation) by issuing orders covering various personal and collective measures, such as not bathing after dark and taking antimalarial medicine under supervision. His said that "good doctors are no use without good discipline" and that "more than half the battle against disease is fought . . . . by the regimental officers."

Moreover, he enforced his medical plan, even to the point of relieving commanders who were guilty of poor medical discipline. Additionally, he concentrated on forward treatment for both medical and surgical patients, instead of evacuation to India. Where evacuation was necessary, he made maximum use of aircraft to reduce or eliminate long-term aftereffects of disease.

Through his various preventive and curative efforts, Slim achieved significant improvements in the health of the 14th Army. His subjective observation was that "slowly, but with increasing

rapidity, as all of us, commanders, doctors, regimental officers, staff officers, and NCOs, united in the drive against sickness, results began to appear."

The disease attrition rate dropped from 360 per 1,000 men per month in 1943 to 30 per 1,000 in 1945. Previously, men with malaria had been evacuated to India for treatment and did not return for five months, if at all. Through use of forward treatment units, time lost to malaria decreased from five months to three weeks, and the 14th eventually gained a reputation for good health. (Though Slim denied it, some accused him of choosing disease-ridden areas in which to engage the Japanese, to take tactical advantage of his superior preventive medicine.)

Rommel and Slim were, of course, commanders in different theaters and had to deal with different problems using different resources. And, in fairness to Rommel, it must be noted that his papers were edited and published after his death, while Slim lived to write his own story. Also, the German Army had had little experience campaigning outside continental Europe before World War II, while the British had been operating in tropical environments (Africa, the Middle East, and Asia) for more than two centuries. Slim himself was a member of a Gurhka regiment and had served extensively in India between the wars.

Nonetheless, Slim and Rommel stand as examples of the right way and the wrong way to practice field preventive medicine. If the final responsibility for the health of the command falls on the commander, Rommel's reputation must be called into question. He seems to have done little to counter the preventable diseases that decimated his Afrika Korps, and the severe personnel attrition within his forces was a key factor in his ultimate defeat.

Slim faced similar problems but took aggressive action that restored the health of his command and earned him an honored place in the history of military medicine. Ultimately, the 14th Army drove the Japanese out of Burma, largely due to its good health. By Slim's account, victory would otherwise have been impossible.

Lessons for Today

Professional soldiers, both line and medical, can take many valuable lessons from both Rommel and Slim, beginning with the importance of initial health assessment and continuing medical surveillance. Resources that are put into medical research and development are generally well spent. The leader must emphasize the prevention—not just the treatment—of disease and non-battle injuries. The medical officer can design and promote a sound medical support plan, but preventive medicine programs, if they are to succeed, must have vigorous support from the commander.

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